FORM D

OCT 3 1 2005

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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OMB APPROVAL



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
1	
DATE RI	ECEIVED

Filing Under (Check box(es) t apply):	hat [] <u>Rule 504</u> [] <u>Rule 505</u> [X] <u>F</u>	Rule 506 [] Section 4(6) [] ULOE
Type of Filing: [X] New Filing	[] Amendment	PROPE
	A. BASIC IDENTIFICATION DATA	A I PAGESSED
1. Enter the infor	mation requested about the issuer	M NOV 0 3 2005
Name of Issuer ([] check if this is	s an amendment and name has changed, and indicia	ate change.) FINANCIAL
TMG International AB		
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275, Address of Principal Business Op	erations (Number and Street, City, State, Zip Code)	310
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275,	Norway 47-2273-3 erations (Number and Street, City, State, Zip Code)	310
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275, Address of Principal Business Op (if different from Executive Offices Brief Description of Business	Norway 47-2273-3 erations (Number and Street, City, State, Zip Code)	310
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275, Address of Principal Business Op (if different from Executive Offices Brief Description of Business	Norway 47-2273-3 erations (Number and Street, City, State, Zip Code) s) die-cast parts for the automobile industry.	310
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275, Address of Principal Business Op (if different from Executive Offices Brief Description of Business Manufacturer of magnesium	Norway 47-2273-3 erations (Number and Street, City, State, Zip Code) s) die-cast parts for the automobile industry.	310
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275, Address of Principal Business Op (if different from Executive Offices Brief Description of Business Manufacturer of magnesium Type of Business Organization	erations (Number and Street, City, State, Zip Code) (s) die-cast parts for the automobile industry.	310 Telephone Number (Including Area Code)
Address of Executive Offices (Nur Hovfaret 4, Oslo, N-0275, Address of Principal Business Op (if different from Executive Offices Brief Description of Business Manufacturer of magnesium Type of Business Organization [X] corporation (foreign)	erations (Number and Street, City, State, Zip Code) (s) die-cast parts for the automobile industry. In [] limited partnership, already formed	310 Telephone Number (Including Area Code)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [)	() Beneficial Owner	[]	Executive Officer	[X]	Directo	r []	General and/or Managing Partner
Full Name (Last name first, Eikeland, Jostein	if indi	viduał)	e e e e e e e e e e e e e e e e e e e						aff Samel (tree of Faces
Business or Residence Add Hovfaret 4, Oslo, N-027		•	Street, City,	State, Z	lip Code)				and the second traces
Check Box(es) that Apply:	[]	Promoter [] Beneficial Owner		xecutive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last name first, Wilk, Willy	if indi	vidual)							
Business or Residence Add Hovfaret 4, Oslo, N-027		•	Street, City,	State, Z	ip Code)				
Check Box(es) that Apply:	[]	Promoter [] Beneficial Owner	[]	Executive Of	fficer [)	() Directo	r[]	General and/or Managing Partner
Full Name (Last name first, Chimerine, Lawrence	if indi	vidual)							
Business or Residence Add Hovfaret 4, Oslo, N-027			Street, City,	State, Z	(ip Code)				
Check Box(es) that Apply:	[]	Promoter [] Beneficial Owner	[]E	xecutive Off	ficer [X] Directo	r[]	General and/or Managing Partner
Full Name (Last name first, Nordvall, Stig	if indi	vidual)	-						
Business or Residence Add Hovfaret 4, Oslo, N-027		•	Street, City,	State, Z	(ip Code				
Check Box(es) that Apply:	[]	Promoter [] Beneficial Owner	[X]	Executive Officer]] Directo	r[]	General and/or Managing Partner
Full Name (Last name first, Bjornstad, Petter Wessel	if indi	vidual)							
Business or Residence Add Hovfaret 4, Oslo, N-027		•	Street, City,	State, Z	(ip Code		· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	[]	Promoter [] Beneficial Owner	[X] E	xecutive Off	ficer [] Directo	r[]	General and/or Managing

	Partner
Full Name (Last name first, if individual) Shereck, Barry	
Business or Residence Address (Number and Street, City, State, Zip Code) Hovfaret 4, Oslo, N-0275, Norway	
Check Box(es) that Apply: [] Promoter [] Beneficial [X] Executive Officer [] Downer	Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Bersvendsen, Odd-Aage	
Business or Residence Address (Number and Street, City, State, Zip Code) Hovfaret 4, Oslo, N-0275, Norway	
Check Box(es) that Apply: [] Promoter [] Beneficial [X] Executive Officer [] Downer	Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Eidissen, Kai	
Business or Residence Address (Number and Street, City, State, Zip Code) Hovfaret 4, Oslo, N-0275, Norway	
Check Box(es) that Apply: [] Promoter [] Beneficial [X] Executive Officer [] Downer	Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Letourneau, Claude	والمراورة
Business or Residence Address (Number and Street, City, State, Zip Code) Hovfaret 4, Oslo, N-0275, Norway	
Check Box(es) that Apply: [] Promoter [] Beneficial [X] Executive Officer [] Downer	Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Winterman, Magnus	
Business or Residence Address (Number and Street, City, State, Zip Code) Hovfaret 4, Oslo, N-0275, Norway	
(Use blank sheet, or copy and use additional copies of this sheet, as	necessary.)

B. INFORMATION ABOUT OFFERING

1. Has	the issu	uer sold,	or does	the issu	er intend	d to sell,	to non-a	accredite	ed invest	ors in this of	fering?	Yes []	No [X]
					Answ	er also i	n Appen	dix, Colu	ımn 2, if	filing under l	JLOE.		
2. Wha	at is the	minimur	m investi	ment tha			d from a			J		\$5,00	00
3. Doe	s the of	fering pe	ermit join	t owners	ship of a	single u	ınit?					Yes [X]	No []
indirect sales of or dea more t	tly, any of securi ler regis han five	commis ities in thatered wi (5) pers	sion or s ne offerir th the SI	imilar re ig. If a p EC and/o ie listed	muneraterson to or with a are asso	tion for s be listed state or ociated p	solicitatio d is an a states,	n of pure ssociate list the n	chasers d persor ame of t	or given, dir in connection or agent of he broker or or dealer, yo	n with a broke dealer.	lf	
Full Na	ıme (Las	st name	first, if in	dividual	Edwar	ds, Ted				·······			
			Addres ansville			Street, C	ity, State	e, Zip Co	ode)				
Name	of Assoc	ciated Bi	roker or	Dealer I	N/A								
States	in Whic	h Persor	n Listed	Has Soli	cited or	Intends	to Solicit	Purcha	sers				
	(Chec	k "All S	States" o	or check	individ	lual Sta	tes)		•		[] A	All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA] [HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]		OR]	[PA] X	(
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]		WY]	[PR]	
		(Use bla	ank she	et, or co	py and	use add	ditional	copies	of this s	heet, as nec	essary.)	
	C.	OFFER	ING PRI	CE, NUI	MBER C	F INVE	STORS,	EXPEN	SES AN	D USE OF F	ROCEE	DS	
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О	ther (Sp	ecify					_).		\$		\$		
	Total							•••	Notes	and Equity	<u>Notes</u>	and Eq	uity

Aggregate

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Dollar Amount of Purchases	
Accredited Investors	19	\$2,017,500	
Non-accredited Investors	N/A	<u>N/A</u>	
Total (for filings under Rule 504 only)	N/A	N/A	
Answer also in Appendix, Column 4, if filing under ULOE.			
his filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the			

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Not Applicable

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$
Printing and Engraving Costs	[X] \$ <u>10,000</u>
Legal Fees	[X]\$ <u>125,000</u>
Accounting Fees	[X]\$ <u>10,000</u>
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	[X] <u>\$250,000*</u>
Other Expenses (identify)	[X] <u>\$100,000*</u>
Total	[X] <u>\$495,000</u>

- * The Company, in its discretion, may employ the services of one or more National Association of Securities Dealers ("NASD") licensed broker-dealers or other finders to solicit purchasers and may pay sales commissions totaling 8%, of which 5% will be payable in cash and 3% will be payable in common stock of the Company with a value of \$0.80 SEK per share.
- b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

<u>\$6,505,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		[] \$	[] \$
Purchase of real estate		[]	[]
Purchase, rental or leasing and installation of machin and equipment		[]	[X] \$ <u>1,150,000</u>
Construction or leasing of plant buildings and facilities	S	[] \$	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used it exchange for the assets or securities of another issuit pursuant to a merger)	n er	[]	[]
Repayment of indebtedness		[] \$	[] \$
Working capital		[]	[X] \$3,255,000
Other (specify): Investments in and advances to Jo	oint Venture Project in	[]	[X] \$2,100,000
Morelia, Mexico.			
Column Totals		[] \$	[X] \$6,505,000
D. FEDERAL	SIGNATURE		
The issuer has duly caused this notice to be signed by the under <u>Rule 505</u> , the following signature constitutes an und Exchange Commission, upon written request of its state accredited investor pursuant to paragraph (b)(2) of <u>Rule 5</u>	lertaking by the issuer to fur ff, the information furnishe	nish to the U.S.	Securities and
ssuer (Print or Type)	Signature		Date /
TMG International, AB			110-00
Name of Signer (Print or Type) Petter Wessel Bjornstad	Title of Signer (Print or 1 Chief Executive Office		
		and the second s	
ATTEN	TION /		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	of Yes

See Appendix, Column 5, for state response.

such rule?

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) TMG International, AB	Signature	Date 26/0-03
Name of Signer (Print or Type) Petter Wessel Bjornstad	4He of Signer (Print or Type) Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2							5	
	Intend to n accre invest Sta (Part B-	on- dited ors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	aı	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL	163	140		1114631013	Amount	111463[013	Amount	103	110
AK]	
AZ									
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NM						!		
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OK								
OR								
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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002